

<b>COMBINED DECLARATION FOR PATENT AND POWER OF ATTORNEY</b> (Includes Reference to PCT International Applications)			File No. 00-57																																										
<p>As a below named inventor, I hereby declare that:          My residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p>																																													
<p>ZCYS9: A MEMBER OF THE CYSTATIN SUPERFAMILY</p>																																													
<p>the specification of which (check only one item below):</p> <p><input checked="" type="checkbox"/> is attached hereto    <input type="checkbox"/> was filed as United States application    Serial No.    on August 2, 2001</p> <p>and was amended on _____</p> <p><input type="checkbox"/> was filed as PCT international application Number _____ on _____</p>																																													
<p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate(s) or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:</p>																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6" style="text-align: left; padding: 2px;">PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:</th> </tr> <tr> <th style="width: 25%; padding: 2px;">COUNTRY</th> <th style="width: 25%; padding: 2px;">APPLICATION NUMBER</th> <th style="width: 25%; padding: 2px;">DATE OF FILING</th> <th colspan="3" style="width: 25%; padding: 2px;">PRIORITY CLAIMED</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> NO</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> YES</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> NO</td> </tr> </table>						PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED			<input type="checkbox"/>			<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>			<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/>			<input type="checkbox"/> YES	<input type="checkbox"/> NO											
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:																																													
COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED																																										
<input type="checkbox"/>			<input type="checkbox"/> YES	<input type="checkbox"/> NO																																									
<input type="checkbox"/>			<input type="checkbox"/> YES	<input type="checkbox"/> NO																																									
<input type="checkbox"/>			<input type="checkbox"/> YES	<input type="checkbox"/> NO																																									
<p>I hereby claim the benefit under Title 35 United States Code 119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 2px;">U.S. APPLICATION NUMBER</th> <th style="width: 50%; padding: 2px;">U.S. FILING DATE</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 60/223,161</td> <td style="padding: 2px;">August 7, 2000</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> </table>						U.S. APPLICATION NUMBER	U.S. FILING DATE	<input type="checkbox"/> 60/223,161	August 7, 2000	<input type="checkbox"/>		<input type="checkbox"/>																																	
U.S. APPLICATION NUMBER	U.S. FILING DATE																																												
<input type="checkbox"/> 60/223,161	August 7, 2000																																												
<input type="checkbox"/>																																													
<input type="checkbox"/>																																													
<p>I hereby claim the benefit under Title 35, United States Code 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT</th> </tr> <tr> <th colspan="2" style="width: 60%; padding: 2px;">U.S. APPLICATIONS</th> <th colspan="2" style="width: 40%; padding: 2px;">STATUS (check one)</th> </tr> <tr> <th style="width: 30%; padding: 2px;">U.S. APPLICATION NUMBER</th> <th style="width: 30%; padding: 2px;">U.S. FILING DATE</th> <th style="width: 10%; padding: 2px;">Patented</th> <th style="width: 10%; padding: 2px;">Pending</th> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="4" style="padding: 2px;">PCT APPLICATIONS DESIGNATING THE U.S.</td> </tr> <tr> <th style="width: 30%; padding: 2px;">APPLICATION</th> <th style="width: 30%; padding: 2px;">FILING DATE</th> <th colspan="2" style="width: 40%; padding: 2px;">U.S. SERIAL NUMBERS ASSIGNED (if any)</th> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>						PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT				U.S. APPLICATIONS		STATUS (check one)		U.S. APPLICATION NUMBER	U.S. FILING DATE	Patented	Pending													PCT APPLICATIONS DESIGNATING THE U.S.				APPLICATION	FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)									
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT																																													
U.S. APPLICATIONS		STATUS (check one)																																											
U.S. APPLICATION NUMBER	U.S. FILING DATE	Patented	Pending																																										
PCT APPLICATIONS DESIGNATING THE U.S.																																													
APPLICATION	FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)																																											

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Robyn Adams  
Reg. No. 44,495

Jennifer K. Johnson  
Reg. No. 43,696

Phillip B.C. Jones  
Reg. No. 38,195

Suzanne M. Shema  
Reg. No. 32,284

Susan E. Lingenfelter  
Reg. No. 41,156

Paul G. Lunn  
Reg. No. 32,743

Gary E. Parker  
Reg. No. 31,648

Deborah A. Sawislak  
Reg. No. 37,438

**Send Correspondence To:** Phillip B.C. Jones, J.D., Ph.D.  
ZymoGenetics, Inc.  
1201 Eastlake Avenue East  
Seattle, WA 98102

**Direct Telephone Calls To:**  
Phillip B.C. Jones, J.D., Ph.D.  
(206) 442-6681

1	Full Name	Family Name Holloway	First Given Name James	Second Given Name L.
	Residence	City Seattle	State or Foreign Country WA	Country of Citizenship US
	Post Office Address	Post Office Address 835 NE 89th St.	City Seattle	State & Zip Code/Country WA 98115/US
2	Full Name	Family Name	First Given Name	Second Given Name
	Residence	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
3	Full Name	Family Name	First Given Name	Second Given Name
	Residence	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
4	Full Name	Family Name	First Given Name	Second Given Name
	Residence	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
5	Full Name	Family Name	First Given Name	Second Given Name
	Residence	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
6	Full Name	Family Name	First Given Name	Second Given Name
	Residence	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date
Signature of Inventor 4	Signature of Inventor 5	Signature of Inventor 6
Date	Date	Date